

**YOUR RIGHTS AND RESPONSIBILITIES FOR THE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT WIC PROGRAMS**

I AGREE TO:

- * Attend all scheduled nutrition education classes and appointments.
- * Be on time for all appointments.
- * Let WIC staff know in advance if I cannot keep an appointment.
- * Bring proof of income, address, and identification for each person applying.
- * Give the WIC staff truthful information about my or my child's medical history, my household income and the foods that I eat or my child eats.
- * Have my or my child's weight, height and blood checked (finger or heel stick) and a diet assessment.
- * Handle my WIC checks carefully (these cannot be replaced).
- * Buy only WIC foods with WIC checks.
- * Call the WIC office right away if I lose my WIC checks (or someone steals them).
- * Let the WIC staff know if my address or income changes, if I am going to move away, or if I no longer have custody of the client.

I UNDERSTAND THAT:

- * WIC will give me checks to buy certain foods at the grocery store each month.
- * WIC will provide referrals to other helpful programs and health services. I am encouraged to participate.
- * I may be dropped from the program if I participate in more than one WIC Program or a WIC and Commodity Supplemental Food Program in any one month.
- * Standards for eligibility and participation in the WIC Programs are the same for everyone, regardless of race, color, national origin, age, disability, or sex.
- * I may appeal any decision made by the local agency regarding my eligibility for the Program.
- * I may be dropped from the program if I or someone with me makes changes on my WIC check; returns WIC foods for cash or non-WIC foods; sells, trades, or gives away WIC foods; buys non-WIC foods; uses an unauthorized vendor; or verbally or physically abuses WIC or vendor staff.
- * My WIC records may be released to other WIC programs and the Maternal & Child Health, School Health, Family Planning, Statewide Farmworker Health, Maternal and Infant, Healthy Start/Home Visitor, Immunizations, Children with Special Health Care Needs, Infant Toddler, Kansas Childhood Lead Poisoning Prevention, Head Start, Health Wave, Commodity Supplemental Food, Temporary Aid to Families, Food Stamp, Medicaid, KAN-Be-Healthy, Dept. of Education Child Nutrition Program and Expanded Food Nutrition Education Programs to determine eligibility for these programs or conduct outreach.

I have been advised of my rights and responsibilities under the Program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Ave., SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal employment opportunity provider and employer.

I UNDERSTAND MY RIGHTS AND RESPONSIBILITIES IN THE WIC PROGRAM.

Participant/Responsible Party Signature

Date